

## Exhibit G

## STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES

## Green Haven Correctional Facility

## INMATE MISBEHAVIOR REPORT • INFORME DE MAL COMPORTAMIENTO DEL RECLUSO

|   |                       |                          |
|---|-----------------------|--------------------------|
| 1. NAME OF INMATE (Last, First) • NOMBRE DEL RECLUSO (Apellido, Nombre) | NO • NUM              | HOUSING LOCATION • CELDA |
| 2. LOCATION OF INCIDENT • VIOLACIONES                                   | INCIDENT DATE • FECHA | INCIDENT TIME • HORA     |
| West messhall   | August 3, 2015        | 8am Approximately        |
| 3. RULE VIOLATION(S) •  |                       |                          |
| 102.10 Threats, 109.12 Movement 104.11 Violent Conduct                  |                       |                          |
| 124.16 Messhall Serving and Seating Violation 105.10 Direct Order       |                       |                          |
| 104.13 Creating Disturbance   |                       |                          |

## 4. DESCRIPTION OF INCIDENT • DESCRIPCION DEL INCIDENTE

On the above date and approximate time of 8AM, I CO Thorne was watching the AVP inmates in the messhall when a two man fight broke out in the chow line for counter #1. I then instructed all other inmates in line to face and place there hands on the wall (including inmate [REDACTED]). Inmate [REDACTED] then took his hands off the wall and said he was leaving the messhall. I then gave inmate [REDACTED] a second direct order to place his hands back on the wall at witch time he did for a few seconds. Then Inmate [REDACTED] came off the wall a second time and came at me in an aggressive manner and force was used to gain compliance.

|  |  |                   |                |
|--|--|-------------------|----------------|
| REPORT DATE • FECHA                                  | REPORTED BY • NOMBRE DE LA PERSONA QUE HACE EL INFORME | SIGNATURE • FIRMA | TITLE • TITULO |
| 08/03/15   | D. Thorne  | [Signature]       | C. O.          |
| 5. ENDORSEMENTS OF OTHER EMPLOYEE WITNESSES (if any) |  | SIGNATURES        |                |
| ENDOSOS DE OTROS EMPLEADOS TESTIGOS (si hay)         |  | FIRMAS            |                |
| 2  |  | 3                 |                |

NOTE: Fold back Page 2 on dotted line before completing below.

|  |   |   |
|--|---|---|
| WERE OTHER INMATES INVOLVED  | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | IF YES, GIVE NAME & #                   |
| ¿HUBO OTROS RECLUSOS ENVUELTOS?  | SI <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | DE SER SI DE LOS NOMBRES Y DIN          |
| AT THE TIME OF THIS INCIDENT WAS INMATE UNDER PRIOR CONFINEMENT/RESTRICTION? | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| ¿ESTUVO EL RECLUSO CONFINADO/RESTRINGIDO PREVIO A INCIDENTE?                 | SI <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |
| AS A RESULT OF THIS INCIDENT WAS INMATE CONFINED/RESTRICTED?                 | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |   |
| ¿SE CONFINO/RESTRINGIO AL RECLUSO COMO RESULTADO DE ESTE INCIDENTE?          | SI <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |
| WAS INMATE MOVED TO ANOTHER HOUSING UNIT?                                    | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |   |
| ¿MUDARON AL RECLUSO A CTRA UNIDAD DE VIVIENDA?                               | SI <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |
| IF YES (a) CURRENT HOUSING UNIT  | SHU- [REDACTED]   | (b) AUTHORIZED BY                       |
| DE SER SI, (a) UNIDAD DE VIVIENDA ACTUAL                                     |   | (b) AUTORIZADO POR                      |
| WAS PHYSICAL FORCE USED?   | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | IF YES, FILE FORM 2104                  |
| ¿SE USO FUERZA FISICA?   | SI <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | DE SER SI, SOMETA EL FORMULARIO No 2104 |

AREA SUPERVISOR ENDORSEMENT

ENDOSO DEL SUPERVISOR

BURNS 000048

Distribution: WHITE - Disciplinary Office CANARY - Inmate (After review) • Distribucion: BLANCA - Oficina Disciplinaria AMARILLA - recluso - después de la revisión.

## STATE OF NEW YORK - DEPARTMENT OF CORRECTIONAL SERVICES

## Green Haven Correctional Facility

## INMATE MISBEHAVIOR REPORT &amp; INFORME DE MAL COMPORTAMIENTO DEL RECLUSO

|   |  |                                   |                          |
|---|--|-----------------------------------|--------------------------|
| 1 NAME OF INMATE (Last, First) • NOMBRE DEL RECLUSO (Apellido, Nombre)  |  | NO. • NUM                         | HOUSING LOCATION • CELDA |
| [REDACTED]  |  | [REDACTED]                        | [REDACTED]               |
| 2 LOCATION OF INCIDENT • VIOLACIONES  |  | INCIDENT DATE • FECHA             | INCIDENT TIME • HORA     |
| West Messhall   |  | August 3, 2015                    | 8:00 AM Approximately    |
| 3 RULE VIOLATION(S) •   |  |                                   |                          |
| 104.13 CREATING A DISTURBANCE   |  | 107.10 INTERFERENCE WITH EMPLOYEE |                          |
| 104.10 RIOTING,   |  | 107.11 HARASSMENT                 |                          |
| 104.12 DEMONSTRATION  |  | 106.10 REFUSING DIRECT ORDER      |                          |
| 4 DESCRIPTION OF INCIDENT • DESCRIPCION DEL INCIDENTE   |  |                                   |                          |
| <p>On the above date and approximate time in the west messhall during a two man fight between inmates [REDACTED] and inmate [REDACTED] I C.O. Cocuzza witnessed inmate [REDACTED] jumped up from his seat and begin yelling. I ordered the inmate to sit back down numerous times, he did not comply and continued yelling. [REDACTED] was yelling to the other inmates in the area "this isn't a real riot lets get this shit started". He continued yelling "lets riot, fuck these guys" to the 354 inmates in the messhall causing other inmates to stand up until chemical agents were dropped. At that point inmate [REDACTED] as well as others ran out of the messhall, and into the yard.</p> |  |                                   |                          |
| REPORT DATE • FECHA   | REPORTED BY • NOMBRE DE LA PERSONA QUE HACE EL INFORME | SIGNATURE • FIRMA                 | TITLE • TITULO           |
| 08/03/15  | Cocuzza  | [Signature]                       | C.O.                     |
| 5. ENDORSEMENTS OF OTHER EMPLOYEE WITNESSES (if any)  |  | SIGNATURES                        |                          |
| ENDOSOS DE OTROS EMPLEADOS TESTIGOS (si hay)  |  | FIRMAS                            |                          |
| 1   |  | 2                                 |                          |
| 3   |  | 4                                 |                          |

NOTE: Fold back Page 2 on dotted line before completing below.

|   |  |   |  |
|---|--|---|--|
| 6 WERE OTHER INMATES INVOLVED   |  | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | IF YES, GIVE NAME & #                      |
| ¿HUBO OTROS RECLUSOS ENVUELTOS?   |  | SI <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | DE SER SI DE LOS NOMBRES Y DIN             |
| 7 AT THE TIME OF THIS INCIDENT, WAS INMATE UNDER PRIOR CONFINEMENT/RESTRICTION? |  | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| ¿ESTUVO EL RECLUSO CONFINADO/RESTRINGIDO PREVIO AL INCIDENTE?                   |  | SI <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | UN + U                                     |
| AS A RESULT OF THIS INCIDENT, WAS INMATE CONFINED/RESTRICTED?                   |  | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| ¿SE CONFINO/RESTRINGIO AL RECLUSO COMO RESULTADO DE ESTE INCIDENTE?             |  | SI <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |
| 8 WAS INMATE MOVED TO ANOTHER HOUSING UNIT?                                     |  | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| ¿MUDARON AL RECLUSO A OTRA UNIDAD DE VIVIENDA?                                  |  | SI <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |
| IF YES (a) CURRENT HOUSING UNIT   |  | (b) AUTHORIZED BY   |  |
| SHU- [REDACTED]   |  | Lt. Hann  |  |
| DER SER SI (a) UNIDAD DE VIVIENDA ACTUAL  |  | (b) AUTORIZADO POR  |  |
| 9 WAS PHYSICAL FORCE USED?  |  | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | (IF YES FILE FORM 2104)                    |
| ¿SE USO FUERZA FISICA?  |  | SI <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | (DER SER SI, SONETA EL FORMULARIO No 2104) |
| AREA SUPERVISOR ENDORSEMENT   |  |   |  |
| ENCOSO DEL SUPERVISOR DEL AREA  |  |   |  |
| BURNS 000049  |  |   |  |